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| detail to leading to a confession or measurable. |                   |   |  |  |  |  |  |  |
|--|-------------------|---|--|--|--|--|--|--|
| Application Number                               | 10/040,542        | • |  |  |  |  |  |  |
| Filing Date                                      | January 3, 2002   |   |  |  |  |  |  |  |
| First Named Inventor                             | Joseph M. Kelly   |   |  |  |  |  |  |  |
| Art Unit   | 1724              | _ |  |  |  |  |  |  |
| Examiner Name                                    | Peter A. Hruskoci |   |  |  |  |  |  |  |
| American Charlest Marriage                       | ASSESS DODSDS     | _ |  |  |  |  |  |  |

| Please withdraw me as attorney or sgant for the above identified patent application, and    all the attorneys/agents of record.   Technology   | P.O.  | emissioner for<br>Box 1450<br>candria, VA 22  |                                       |            |           |           |          |                                   |          |          | pproved<br>MS    |             |
|--|---|---|---------------------------------------|------------|-----------|-----------|----------|-----------------------------------|----------|----------|------------------|-------------|
| the attorneys/agents associated with Customer Number  NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  The reasons for this request are: The application was assigned to a new company that is not represented by our firm. The file is being returned to the new covers at the address below.  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name  Mr. Michael J. Behan, CEO  Address  Herbor Resource Management Corporation 124 Half Mile Road \$134 Half Mile Road \$135 Half Mile Road \$136 Address  Registration No. 38,425   | Please withdraw me as attorney or agent for the above identified patent application, and  Jacquelline  Jacquelline  Jacquelline |   |                                       |            |           |           |          | M. Stone, Director<br>Center 1700 |          |          |                  |             |
| MOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.  The reasons for this request are: The application was assigned to a new company that is not represented by our firm. The file is being returned to the new comers at the address below.  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name Mr. Michael J. Behan, CEO  Address Herbor Resource Management Corporation 124 Half Mile Road Suite 200  City Red Benk State NJ Zip 07701  Country UBA  Telephone 739/212-8200 Fax  Signature Corporation No. 38,425   |   | the attorneys/a   | gents (with registration numbers) li  | sted on th | e attach  | od pap    | er(e), c | M.                                |          |          |                  | 7/15/0      |
| The reasons for this request are: The epitication was essigned to a new company that is not represented by our firm. The file is being returned to the new comers at the address below.  CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name Mr. Michael J. Behan, CEO  Address Herbor Resource Management Corporation 124 Half Nille Road Suite 200  City Red Sank State NJ Zip 07701  Country USA  Tetsphone 739,412-8200 Fax  Registration No. 38,425  |   | the attorneys/a   | gents associated with Customer M      | amber      |           |           |          |                                   |          |          |                  | ' '         |
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| CORRESPONDENCE ADDRESS  1. The correspondence address is NOT affected by this withdrawal. 2. Change the correspondence address and direct all future correspondence to:  The address associated with Customer Number:  OR  Firm or Individual Name Mir. Michael J. Behan, CEO  Herbor Resource Management Corporation 124 Half Mile Road Suite 200  City Red Bank State NJ Zip 07701  Country USA  Telephone 732/12-8200 Fax  Signature Andress Registration No. 38,425  | The rees  | ons for this requ   | est are: The application was assigned | to a naw   | оотрелу   | that is c | ot repri | eente                             | d by our | firm. Ti | ne (ile is being |             |
| 124 Half Mile Road   Suite 200   Zip   07701   City   Red Benk   State   NJ   Zip   07701   Country   USA   Telephone   732/212-8200   Fax   Signature   Am John State   Registration No.   38,425   Name   Lindsay 8. Adams   Registration No.   38,425   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Re |   |   | diffilled to the tien conters a       | K UIC BUGS | 742 VEIQH | •         |          |                                   |          |          |                  |             |
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| 124 Half Mile Road   Suite 200   Zip   07701   City   Red Benk   State   NJ   Zip   07701   Country   USA   Telephone   732/212-8200   Fax   Signature   Am John State   Registration No.   38,425   Name   Lindsay 8. Adams   Registration No.   38,425   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Re |   | im or   | Mr Michael I Roben CEO                |            |           |           |          |                                   |          |          |                  | 十           |
| 124 Half Mile Road   Suite 200   Zip   07701   City   Red Benk   State   NJ   Zip   07701   Country   USA   Telephone   732/212-8200   Fax   Signature   Am John State   Registration No.   38,425   Name   Lindsay 8. Adams   Registration No.   38,425   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Registration No.   Name   Re | - "   | dividual Name   |                                       |            |           |           |          |                                   |          |          |                  | 1 =         |
| Signature Chr d0054 - 000000000000000000000000000000000  | Address   |   | 124 Half Mile Road                    | ration     |           |           |          |                                   |          |          |                  |             |
| Signature Chr d0054 - 000000000000000000000000000000000  | City  |   | Red Bank                              | State      | m         |           |          |                                   | Ζþ       | 07701    |                  | ]           |
| Signature Chr d0054 - 000000000000000000000000000000000  | Country USA   |   |                                       |            |           |           |          | ] \                               |          |          |                  |             |
| Name Lindsay 8. Adams Registration No. 38,425  | Telaphone 753/212-8200 Fax  |   |                                       |            |           |           |          |                                   |          |          |                  |             |
| Lindsey C. Additio   |   | 0m  | dost allow                            |            |           |           |          |                                   |          |          |                  | _           |
| Date   April 20, 2005   Telephone No.   212-297-5600   |   |   | So, Adas in So, Adas                  |            |           |           |          | _                                 |          |          |                  |             |
|  | Date  | Date April 20, 2005 Telephone No.   212-297-6800  NOTE: Witnessel is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawel and the expiration |                                       |            |           |           |          |                                   |          | 4        |                  |             |

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